STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965270	**05/22/2019**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA MANOR OF PALM COAST,**	STREET ADDRESS, CITY, STATE, ZIP CODE **35 SANDS LANE** **PALM COAST, FL 32137**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An Emergency Power Plan (EPP) monitoring visit was conducted at Magnolia Manor of Palm Coast on . . . . The provider had deficiencies at the time of the visit.

0180 - Emergency Management - 58A-5.026(1) FAC

Based on a review of facility records, and interviews with staff, the facility failed to have a written comprehensive emergency management plan (CEMP) that identified hazards, provided for resident care during an emergency, provided for safe evacuation of residents, if needed, identified residents with special needs, identified the local emergency management agency, arranged for post-disaster activities, and included a chain of command in the event of such crises. The lack of a CEMP had the potential to negatively impact all 5 of 5 residents in the home should an emergency situation arise.

The findings include:

A review of facility records found there was no CEMP in the facility. There were no written procedures for staff in the event of an emergency to shelter in place, or provide care to the residents while sheltering. There were no instructions regarding care for residents with special needs, what to do in the event an evacuation was necessary, and what roles each staff member had during an emergent event.

The facility Administrator was interviewed via telephone on at 2:10 pm. She stated the facility CEMP was still not completed, and that she was working on updating the plan. She said she had the entire plan with her, and would have it completed in approximately 2 weeks. In a second telephone interview on at 2:50 pm, she confirmed the CEMP revision and submission was overdue. She approximated the last revision submitted was 7 years ago. The Administrator said she still needed approximately 2 weeks to complete it.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on a review of facility records and interviews the facility failed to develop environmental control

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SUMMARY STATEMENT OF DEFICIENCIES
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plan policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and fuel required, ensure resident safety during fluctuations in air temperatures, address resident care during an emergency, and that describe methods for eliminating the risk of heat related injury. In addition, the facility failed to provide written notification to each resident or their legal representative of the submission of the environmental control plan to the local emergency management agency, and failed to notify residents and legal representatives that the plan had been implemented. This had the potential to negatively impact all 5 of 5 residents residing in the facility at the time of survey in the event of a loss of power.

The findings include:

A review of facility records revealed the facility had an emergency power plan that provided for the use of a fixed generator in the event of a loss of power. The plan was approved by the locat emergency management authority on . Further review of the plan found there were no policies and procedures for the immediate activation, operation or maintenance of the facility's generator. There were no procedures to address resident safety should air temperatures fluctuate, no resident emergency care instructions, and no procedures to address the prevention of the residents from heat related injuries. In addition, the facility failed to provide written notification to each resident or their legal representative of the submission of it's environmental control plan to the local emergency management agency, and failed to notify residents/ legal representatives in writing that the plan had been implemented.

A telephone interview was conducted with the Administrator at 2:50 pm on . She confirmed there facility had no policies and procedures to ensure the safe operation of the facility in the event of an emergency power outage, stating she did not realize they were required. The Administrator confirmed she had not provided any written notification of the emergency power plan submission or implementation to residents or their representatives, as required.

Class III